

EXHIBIT

A

CORRECTIONAL MEDICAL SERVICES

PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME SNELL, EMORY ID NUMBER W-59191 D.O.B. [REDACTED]INSTITUTION H22/97 CJ ALLERGIES NKADATE 2/14/97 TIME 1500

PROBLEM

ORDERS

D7D L5 spine

- Back Brace for Postop.
- Indefinite - Special Needs
Done

Wendy Young
Pharmacist
2/14/97
2:08 PM

3/4/97
1300

MOTRIN 600mg PO TID PRN Pain
x 10 days KOB

Day @ a Time
MAR 04 1997

KHALID N. KHAN, MD.

noted
2/14/97
2:08 PM

SIGNATURE

KHALID N. KHAN, MD.

PRINT NAME

DEA Reg. #

(For Controlled Substance orders)

Interchange is mandatory unless the prescriber writes the words "no substitution" in this space: